

MAY 13 2004

OFFICIAL

Fee Only

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: LAUKS, Imants, R.  
 Serial No.: 09/875,949  
 Filed: June 8, 2001  
 Title: POINT-OF-CARE IN-VITRO BLOOD ANALYSIS SYSTEM  
 Group: 2863  
 Examiner: Tung S. LAU  
 Attorney Ref.: PAT 506-2 US

May 13, 2004

Mail Stop Amendment  
 Commissioner for Patents  
 2011 South Clark Place  
 Crystal Plaza Two  
 Lobby Room 1803  
 Arlington VA 22202-3815  
 U.S.A.

Dear Sir:

PETITION FOR ONEMONTH EXTENSION  
OF TIME UNDER 37 C.F.R. 1.136(a)

Applicant hereby petitions for a one-month extension of time pursuant to 37 C.F.R. 1.136(a) in which to file a response to the outstanding Office Action dated February 9, 2004. Please charge our Deposit Account No. 501593 in the amount of \$55.00 to cover the extension fee specified in 37 C.F.R. 1.17(a)(3) for a small entity. If the preceding amount is incorrect, any deficiency or overpayment should also be charged or credited to this deposit account.

Respectfully submitted,

Imants, R. LAUKS

  
 By: Drip C. Andrade  
 Registration No. 53,842  
 BORDEN LADNER GERVAIS LLP  
 World Exchange Plaza  
 1100-100 Queen Street  
 Ottawa, ON K1P 1J9  
 Telephone 613-237-5160  
 Facsimile 613-787-3558  
 E-mail lpott@blgcanada.com

DCA/AAB/aab

Ends.

1. Fee Transmittal Form
2. Response to Office Action

PAGE 2/22 \* RCVD AT 5/13/2004 3:07:38 PM [Eastern Daylight Time] \* SVR:USPTO-EF-XRF-1/1 \* DHS:4729306 \* CSD:613 787 3558 \* DURATION (mm:ss):06:24

06/22/2004 ADAVID 00000002 501593 09875949

01 FC:2251 55.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/875949  
PAT 5062

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	25	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	25 minus 20 =	5
INDEPENDENT CLAIMS	3 minus 3 =	4
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

9/12/02

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	25	Minus	25 =
	Independent	3	Minus	3 =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=	45	OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL	400	OR	TOTAL	

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=	1	OR	X\$18=	1
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE	1	OR	TOTAL ADDIT. FEE	1

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=	54	OR	X\$18=	
X40=	86	OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE	140	OR	TOTAL ADDIT. FEE	

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

Amend B

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	31	Minus	25 = 6
	Independent	5	Minus	3 = 2
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	=
	Independent		Minus	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.